

# Placentia Linda Hospital

A National Medical Enterprises Health Care Center

July 21, 1995

Health Planning and Development  
1600 9th Street  
Suite 400  
Sacramento, CA 95814

Dear Sirs,

We are in receipt of the Outcomes Data for Acute MI, diskectomy, vaginal delivery, and Cesarean Section. We are appreciative of the opportunity to respond to the data presented.

Placentia Linda Hospital recognizes and supports the goals of outcome measurement within health care. It must be recognized that current outcome data collection is limited to information relative to the quality of coding. The statistical validity is in question resulting from the overcoding and undercoding practices that currently exist.

The improvement measures that Placentia Linda and its Medical Staff implemented as a result of the first published outcomes data is not reflected in this report. The results of these improvement efforts will not be visible until the 1994 data are released. There is questionable relevance for published data that does not reflect current practice.

Our review of the Acute MI data specific to Placentia Linda Hospital revealed data that, if part of the risk adjusted weighting, might demonstrate a significantly different outcome. This data included:

- \* 61% of reviewed patients were transferred to a tertiary care center;
- \* Of the patients who expired at Placentia Linda, 44% suffered cardiac arrest prior to admission to our Emergency Room;
- \* For 50% of the patients who expired, either the patient and/or family, in conjunction with the healthcare team reached a decision not to resuscitate the patient, thereby limiting medical intervention;

OSHPD

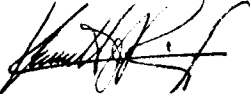
- \* Thrombolytic therapy, according to federal guidelines, was not indicated in 100% of the patients who expired;
- \* 21% of all MIs had underreporting of co-morbidities that, had they been coded, would more accurately reflect the degree of illness experienced by our patient population.

In addition, there are variables not currently collected by OSHPD that have significant impact on an acute MIs outcome. These variables include:

- \* pre-hospital resuscitation efforts including downtime prior to initiation of BCLS and ACLS;
- \* pre-hospital elapsed time between onset of symptoms and initial treatment;
- \* Do Not Resuscitate orders and/or directives that precluded medical intervention.

The remainder of the report that does not depend upon coding for its diskectomy, vaginal delivery, and cesarean section outcomes, more accurately reflects the quality of care enjoyed by our patients.

Very Truly Yours,



Kenneth Rivers  
Acting Chief Executive Officer